

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>	1. TRANSMITTAL NUMBER: <u>0 3 — 0 1 1</u>	2. STATE: Puerto Rico
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE August 13, 2003	

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN      ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN      ☒ AMENDMENT

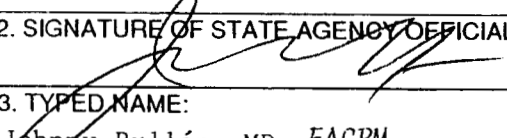
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 434.4, 438; 48 FR 54013	7. FEDERAL BUDGET IMPACT: a. FFY _____ \$ _____ b. FFY _____ \$ _____
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Page 71 of Section 4.23  *** See Remarks	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  Page 71 of Section 4.23  <i>Puerto Rico (03-011)</i> <i>approved: 02/28/04</i> <i>effective: 08/13/03</i>

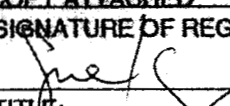
10. SUBJECT OF AMENDMENT:  
  
Risk Contract

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT      ☒ OTHER, AS SPECIFIED:  
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED      Not submitted to Governor's Office  
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO:
13. TYPED NAME: Johnny Rullán, MD, FACPM	
14. TITLE: Secretary of Health	
15. DATE SUBMITTED: September 26, 2003	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: SEP 30 2003	18. DATE APPROVED: FEB 24 2004

PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 08/13/2003	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Sue Kelly	22. TITLE: Associate Regional Administrator Division of Medicaid and Children's Health

23. REMARKS:  
  
Originally submitted page has been revised, replaced and approved.

Revision: HCFA-AT-84-2 (BERC)  
01-84

State/Territory: [Puerto Rico]

Citation4.23 Use of Contracts

42 CFR 434.4  
48 FR 54013

The Medicaid agency has contracts of the type(s) listed in 42 CFR Part 434. All contracts meet the requirements of 42 CFR Part 434.

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Not applicable. The State has no such contracts.

42 CFR Part 438

The Medicaid agency has contracts of the type(s) listed in 42 CFR Part 438. All contracts meet the requirements of 42 CFR Part 438. Risk contracts are procured through an open, competitive procurement process that is consistent with 45 CFR Part 74. The risk contract is with (check all that apply):

x

a Managed Care Organization that meets the definition of 1903(m) of the Act and 42 CFR 438.2

x

a Prepaid Inpatient Health Plan that meets the definition of 42 CFR 438.2

a Prepaid Ambulatory Health Plan that meets the definition of 42 CFR 438.2

Not applicable

TN # 03-11  
Supersedes TN # 94-1

Effective Date 08/13/03  
Approval Date FEB 24 2004